



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D4032-041**  
**Job Sheet 182719**



Part No: D4032-041

Job Qty: 1 ea

Part Name: Short Basket Assembly (350)



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 8/30/18

Job Tracking No:

Due Date: 9/17/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV E SHEETS 1,3,4 IPP RevA: new issue DD 09.12.02 verified by:EC IPP Rev:B as per PA3 DD  
10.03.10 verified by:EC IPP Rev:C as per RevA DD 10.03.23 verified by:EC IPP Rev:D as per dwg revC DD  
10.04.20 verified by:EC IPP Rev:E as per dwg revD DD 10.08.18 verified by:EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off           |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|--------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                    |
| 90    | Start up Operation | 1 Ea  | 9/17/18    | 9/17/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | 11-18-9-28         |
| 100   | Packaging          | 1 pcs | 9/17/18    | 9/17/18  | 0.00      | 0.00    | Packaging1-4          |           | 11-18-9-28         |
| 110   | HandFinish         | 1 pcs | 9/17/18    | 9/17/18  | 0.00      | 1.16    | HandFinish4           |           |                    |
| 120   | QC                 | 1 pcs | 9/17/18    | 9/17/18  | 0.00      | 0.00    | QC5                   |           | SEP 28 2018 DAS 68 |
| 130   | Packaging          | 1 pcs | 9/17/18    | 9/17/18  | 0.00      | 0.00    | Packaging3-2          |           | DAS 69 9-89        |
| 140   | QC21-SA            | 1 Ea  | 9/17/18    | 9/17/18  | 0.00      | 0.00    | QC21                  |           | DAS 21 OCT 04 2018 |

Part Op 110 - \*\*\*\*\*Mask label plate to size of D4086 label, use scotchbrite red pad to lightly sand area for label, apply label \*\*\*\*\*

### Job BOM

| Part / Item | Component Name                   | Quantity    | Operation             | Container |
|-------------|----------------------------------|-------------|-----------------------|-----------|
| AN3-14A     | Bolt                             | 4 Ea (4 ea) | 90-Start up Operation | 5060651   |
| AN3-16A     | Bolt                             | 2 Ea (2 ea) | 90-Start up Operation | 5089276   |
| AN310-4     | Nut                              | 3 Ea (3 ea) | 90-Start up Operation | 5082941-1 |
| AN310C4     | Nut                              | 2 Ea (2 ea) | 90-Start up Operation | 5065268   |
| AN4-12      | Bolt                             | 3 Ea (3 ea) | 90-Start up Operation | 5074206-1 |
| AN5-17A     | Bolt                             | 4 Ea (4 ea) | 90-Start up Operation | 5068640   |
| D2530       | Handle Weldment                  | 1 Ea (1 ea) | 90-Start up Operation | 5109650   |
| D2535       | Spring                           | 2 Ea (2 ea) | 90-Start up Operation | 5097106   |
| D2537       | Bushing                          | 2 Ea (2 ea) | 90-Start up Operation | 5097228   |
| D3917-3X    | Washer                           | 6 Ea (6 ea) | 90-Start up Operation | X 5114299 |
| D3953-17    | Gas Spring Spacer                | 2 Ea (2 ea) | 90-Start up Operation | 5072726   |
| D3953-19    | Gas Spring Bracket               | 1 Ea (1 ea) | 90-Start up Operation | 5068384   |
| D3953-21    | Gas Spring Bracket               | 1 Ea (1 ea) | 90-Start up Operation | 5068380   |
| D3953-3X    | Gas Spring Stud, Lid             | 2 Ea (2 ea) | 90-Start up Operation | X 5112584 |
| D3953-7     | Spring Spacer                    | 2 Ea (2 ea) | 90-Start up Operation | X 5097232 |
| D3953-9X    | Gas Spring Washer                | 2 Ea (2 ea) | 90-Start up Operation | X 5114291 |
| D3969-3     | Spring (Basket Lid)              | 1 Ea (1 ea) | 90-Start up Operation | 5089207   |
| D4017-041   | Short Basket Base Assembly (350) | 1 Ea (1 ea) | 90-Start up Operation | 5111317   |
| D4018-041   | AS350 Short Basket Lid Assembly  | 1 Ea (1 ea) | 90-Start up Operation | 5111319   |
| MS21042L3   | Nut                              | 6 Ea (6 ea) | 90-Start up Operation | 5078257   |
| MS21042L5   | Nut                              | 4 Ea (4 ea) | 90-Start up Operation | 5083541   |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|               |            |             |                       |
|---------------|------------|-------------|-----------------------|
| MS24665-151   | Cotter Pin | 3 Ea (3 ea) | 90-Start up Operation |
| MS24665-300   | Cotter Pin | 2 Ea (2 ea) | 90-Start up Operation |
| NAS1149C0432R | Washer     | 2 Ea (2 ea) | 90-Start up Operation |
| NAS1149F0332P | Washer     | 8 Ea (8 ea) | 90-Start up Operation |
| NAS1149F0432P | Washer     | 6 Ea (6 ea) | 90-Start up Operation |
| NAS1149F0563P | Washer     | 4 Ea (4 ea) | 90-Start up Operation |

5053951-1  
 5044188-1  
 5050052-1  
 5103666-1  
 5683558  
 5067901-2

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | AN3-14A        | 4        | 110       | 0         |
|                       | AN3-16A        | 2        | 126       | 0         |
|                       | AN310-4        | 3        | 126       | 0         |
|                       | AN310C4        | 2        | 154       | 0         |
|                       | AN4-12         | 3        | 84        | 0         |
|                       | AN5-17A        | 4        | 118       | 0         |
|                       | D2530          | 1        | 5         | 0         |
|                       | D2535          | 2        | 62        | 0         |
|                       | D2537          | 2        | 20        | 0         |
|                       | D3917-3        | 6        | 43        | 0         |
|                       | D3953-17       | 2        | 27        | 0         |
|                       | D3953-19       | 1        | 19        | 0         |
|                       | D3953-21       | 1        | 13        | 0         |
|                       | D3953-3        | 2        | 10        | 0         |
|                       | D3953-7        | 2        | 26        | 0         |
|                       | D3953-9        | 2        | 11        | 0         |
|                       | D3969-3        | 1        | 10        | 0         |
|                       | D4017-041      | 1        | 0         | 0         |
|                       | D4018-041      | 1        | 0         | 0         |
|                       | MS21042L3      | 6        | 3,516     | 0         |
|                       | MS21042L5      | 4        | 1,050     | 0         |
|                       | MS24665-151    | 3        | 269       | 0         |
|                       | MS24665-300    | 2        | 134       | 0         |
|                       | NAS1149C0432R  | 2        | 2,835     | 0         |
|                       | NAS1149F0332P  | 8        | 1,693     | 0         |
|                       | NAS1149F0432P  | 6        | 1,781     | 0         |
|                       | NAS1149F0563P  | 4        | 994       | 0         |

### Part Specifications

Specifications could not be found.

Plex 8/30/18 11:41 AM Dart.lajeunesse.marie

**DART**  
AEROSPACE

1210 Aberdeen Street  
 Hawkesbury, ON K6A 1K7  
 CANADA  
 TEL.: 1 813 632-5200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

Container No: S114433



Part: D4032-041

Job No: 182719

Serial No/Batch: S114433

Revision:

Inspector:

Exp Date:

Instructions: Various STC's

Date: 09/28/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |